



HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

32-11-19
'19 JAN 10 P4:03

2019 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

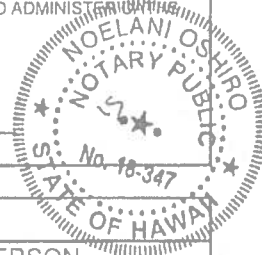
PART I LOBBYIST		
NAME (Last) (First) (Middle) Murakami, Jaylen		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Public Health Institute		TELEPHONE (808) 591-6508
MAILING ADDRESS (No. and Street or P.O. Box) 850 Richards Street, Suite 201		FAX N/A
		EMAIL jaylen@hplhi.org
(City) Honolulu	(State) HI	(Zip Code) 96813

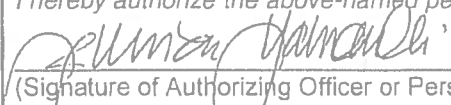
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Public Health Institute		TELEPHONE (808) 591-6508
MAILING ADDRESS (No. and Street or P.O. Box) 850 Richards Street, Suite 201		FAX N/A
		EMAIL contact@hplhi.org
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (If lobbying on behalf of members) 2,000 non-paying members <input type="checkbox"/> Not Applicable		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <small>Policy priorities are identified by working group and voted on by Board of Directors.</small> <input type="checkbox"/> Not Applicable		

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/8/19 DATE	Subscribed and sworn to before me This <u>8</u> day of <u>JANUARY</u> , 2019. By:  NOELANI OSHIRO NOTARY PUBLIC OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6/24/22</u>



PART V AUTHORIZATION TO LOBBY		
NAME Jessica Yamauchi	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (If applicable) Hawaii Public Health Institute	TELEPHONE (808) 591-6508	
MAILING ADDRESS (No. and Street or P.O Box) 850 Richards Street, Suite 201	FAX N/A	EMAIL jessica@hiphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) _____ (Date) _____		

STATE OF HAWAII)
CITY & COUNTY OF HONOLULU) SS.

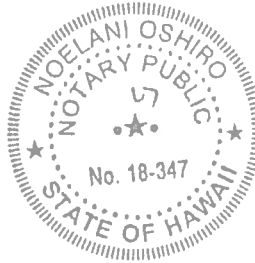
SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS 8 DAY OF JANUARY, 2019,
IN THE FIRST CIRCUIT OF THE STATE OF HAWAII, BY JAYLEN MURAKAMI.



Notary's Printed Name: Noelani Oshiro
Notary Public, State of Hawaii

My Commission Expires: 06/22/2022

24



STATE OF HAWAII NOTARY CERTIFICATION

Doc. Description: 2019 REGISTRATION

First Judicial Circuit

Date of Document: 1/8/19

Pages: 3



Date of Notarization: 1/8/19

Notary Public Signature

Print Name: **Noelani Oshiro**

Notary Public, State of Hawaii, First Circuit

